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Our Ref.:	FIS920010070US1/ IBMF100335000	U.S. Serial No.:	09/867,923
Fax No. Called:	(703) 872-9306	Filed:	May 30, 2001
Please Deliver To:	Examiner Trenton J. Roche Art Unit 2124		ay 30, 2001
From:	Kelly M. Nowak Reg. No.: 47,898 DeLIO & PETERSON LLC		
Date:	June 21, 2005	Time:	

We are transmitting 18 pages (including this cover sheet)

MESSAGE:

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SUBSTITUTE ASSUMPTION ASSUMPTION OF THE PERSON OF THE PERS	Application Number	east and Trademark Office; U.S. DEPARTMENT OF COMMERCE lection of information unless it displays a valid OMB control number 09/867,923								
TRANSMITTAL	Filing Date									
FORM	First Named Inventor	May 30, 2001 Matthew Mayerson								
1 - 1 - 1 - 1	Art Unit	2124								
(to be used for all correspondence after initial filing)	Examiner Name	Trenton J. Roche								
Total Number of Pages in This Submission	Attorney Docket Number	FIS920010070US1								
ENCLOSURES (Check all that apply)										
Fee Transmittal Form	Drawing(s)	After Allowance Communication to TC								
Fee Attached	Licensing-related Papers	Appeal Communication to Board of Appeals and Interferences								
Amendment/Reply	l	Appeal Communication to TC								
	Petition Petition to Convert to a	(Appeal Notice, Brief, Reply Brief)								
After Final	Provisional Application Power of Attorney, Revocation	Proprietary Information								
Affidavits/declaration(s)	Change of Correspondence A	ddress Status Letter								
Extension of Time Request	Terminal Disclaimer	Other Enclosure(s) (please Identify below):								
Express Abandonment Request	Request for Refund									
Information Disclosure Statement	CD, Number of CD(s)									
	Landscape Table on CD									
Certified Copy of Priority Document(s) Rei	marks									
Reply to Missing Parts/										
Reply to Missing Parts	Incomplete Application									
under 37 CFR 1.52 or 1.53										
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SIGNATURE SIGNATURE	OF APPLICANT, ATTOR	RNEY, OR AGENT								
DeLio & Peterson, LLC		·								
Signature Kulla Ila	74.00									
Printed name Kelly M. Nowak										
June 21, 2005	R	eg. No. 47,898								
CERTIF	FICATE OF TRANSMISSI	ON/MAILING								
I hereby certify that this correspondence is being fa sufficient postage as first class mail in an envelope the date shown below:	csimile transmitted to the USPTC addressed to: Commissioner for	or deposited with the United States Postal Service with Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on								
Signature	Horas									
Typed or printed name Carol M. Thomas		Date June 21, 2005								

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/17 (12-04v2)

Fees Paid (\$)

Application Type

Name (Print/Type) Kelly M. Nowak

Utility

Design

Approved for use through 07/31/2006, OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of Information unless it displays a valid OMB control number Effective on 12/08/2004. Complete if Known Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). 09/867,923 Application Number TRANSM Filing Date May 30, 2001 For FY 2005 First Named Inventor Matthew Meyerson Examiner Name Trenton J. Roche Applicant claims small entity status. See 37 CFR 1.27 Art Unit 2124 TOTAL AMOUNT OF PAYMENT 120.00 Attorney Docket No. FIS920010070US1 METHOD OF PAYMENT (check all that apply) Money Order None Check Credit Card L Other (please identify): Deposit Account Deposit Account Number: 09-0458 Deposit Account Name: For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17

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Small Entity

Fee (\$)

250

Fee (\$)

500

Small Entity

Fee (\$)

100

Date June 21, 2005

Fee (\$)

200

	200	100	100	30	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS C Fee Descripti	<u>on</u>			-		Fee (\$)	Small Entity Fee (\$)
Each claim	over 20 (including F	50	25				
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	pendent claims					360	180
Total Claims	<u>Extra Claj</u>	Multiple Dependent Claims					
24 2	20 or HP = 0 mber of total claims paid fo	X	=	0		Fee (\$)	Fee Paid (\$)
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	nber of Independent claim						
3. APPLICATION				r (excluding	electronicall	v filed sequen	ce or computer
listings un	der 37 CFR 1.52(e)), the applica	tion size fee	due is \$250	(\$125 for sma	ll entity) for a	each additional 50
sheets or f	raction thereof. See	35 U.S.C. 4	1(a)(1)(G) ar	d 37 CFR 1	.16(s).	,, 10	ADDIT GOGINGIONAL SO
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4. OTHER FEE							Fees Paid (\$)
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Other (e.g.,	late filing surcharge):Petition and	Fee for One M	lonth Evtensio	on of Time	•	120.00
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VB DETTIMBUS		Y					
Signature	Kelly 1	low	Re	egistration No.	47,898	Telephone	^e (203) 787-0595

Small Entity

Fee (\$)

150

100

Fee (\$)

300

200

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